## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

107211119

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			2 B					RATE	FEE	]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			<b>₹3 minus 20=</b>		* 3			X\$ 9=		OR	X\$18=	3
INDEPENDENT CLAIMS			5minus 3 =		* .2			X43=		OR	X86=	172
ML	ILTIPLE DEPEN	NDENT CLAIM P	RESENT	· · · · · · · · · · · · · · · · · ·				+145=		OR	+290=	
* If the difference in column 1 is less than zero, enter "0"						column 2		TOTAL		OR	TOTAL	998
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	
(Column 1)				(Colum		(Column 3)	umn 3) SMAL		ENTITY	OR .	SMALL	ENTITY
AMENDMENT A	200	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM			+145=	-	OR	+290=	
								TOTAL		ارا	TOTAL	, ,
		P	ADDIT. FEE		JOI1 ,	ADDIT. FEE	L					
		(Column 1) CLAIMS		(Colun	EST ·	(Column 3)	lr	<u> </u>	ADDI-			ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIC PAID I	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> </u>	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
								TOTAL			TOTAL	
								DDIT. FEE	,	OR ,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)	ı -					
AMENDMENT C		REMAINING AFTER AMENDMENT	٠.	NUME PREVIO PAID F	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9= :		OR	X\$18=	
	Independent	*	Minus	***		=		X43= 1		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		ı		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=	
**	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For" IN THIS	S SPACE is	less than	n 20, enter "20."	Al	DDIT. FEE		OR ,	TOTAL ADDIT. FEE	
		ber Previously Paid					r four	nd in the app	ropriate box	in col	umn 1.	